



**Water Resources Program**  
**Application for a Water Right Permit**

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☒ SURFACE WATER ☐ GROUND WATER ☒ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

**Section 1. APPLICANT**

Applicant/Business Name: Brian Murphy / Murphy at Loch Kachess LLC	Phone No: 206.323.6738 land	Other No: 206.799.2293 cell
Address: 3121 Broadway East		
City: Seattle	State: WA	Zip: 98102
Email Address (optional): brianmurphy@comcast.net		

Contact Name (if different from above):	Phone No:	Other No:
• Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Brian Murphy / Murphy at Loch Kachess LLC	Phone No: 206.323.6738	Other No: 206.799.2293
Address: 3121 Broadway East		
City: Seattle	State: WA	Zip: 98102
Email Address (optional): brianmurphy@comcast.net		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: This application is secure a water right purchased from Jerry Williams for a surface source for an existing cabin with an existing use of water, located on Lot B-1, see attached map. Consumption calculation 105 (total estimated annual days used) X 200 (gal/day) / 325,851 (gal per acre feet) X .3 (consumption factor) = .019334 acre feet per year for the seasonal cabin. The cabin will have a water right of .019334 acre feet. Water right will be recorded with the deed. This is a seasonal cabin used year round with very limited use during the winter months.

Anticipated length of time to complete your project: complete\_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

For Ecology Use	APPLICATION NO: 34-35535	SEPA: Exempt/Not Exempt
	Fee Paid: 12/6/11	Check No: 1099 \$50
ECY Coding: 001-001-WR1-0285-000011		
Date Returned	By	Priority Date 12-06-2011 By 39 RYTTAS



Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic use for seasonal cabin	unknown	.019334	Year round
<b>TOTAL:</b>	unknown	.019334	

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

<b>A.) If Surface Water Source</b> <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>un-named spring</u> Tributary to: <u>Lake Kachess</u> Number of proposed diversion points: <u>one</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>B.) If Ground Water Source</b> <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____
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**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
136635	SE	SW	16	21N	13E	Kittitas
Lot(s)		Block(s)		Subdivision		

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
400 Feet (☐ North/☒ South) and 1200 feet (☒ East/☐ West)  
 from the (☐NW ☐SW ☐NE ☒SE ☐ ) corner of Section 16

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)		Block(s)		Subdivision		

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
 from the (☐NW ☐SW ☐NE ☐SE ☐ ) corner of Section \_\_\_\_\_

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: USFS 215 Melody Lane Wenatchee WA 98801

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____ By _____ Priority Date _____ By _____ WRIA: _____		



#### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

ACRES .44, LAKE KACHESS SUMMER HOME SITES TRACT B-1 (SURVEY #508978 B15/P107-108) SEC. 21, TWP. 21, RGE. 13

Map number: 21-13-21050-0002

¼	¼	Section	Twp.	Range	County	Parcel No.
NE	NW	27	21	13	Kittitas	687436

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Map is attached with location of cabin and source.

#### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Gravity fed system, the cabin is approximately 100 feet in elevation below the source. The system uses a 1 inch I.O. pipe buried into the spring. The water was tested for purity and is pure.

#### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> (defined under RCW 90.03.015)
Projected number of connections to be served: <u>1</u>	Present population to be served water: _____
Type of connections: <u>recreational seasonal cabin</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved _____ / _____ / _____ Water System Number: _____	

Name of water system: \_\_\_\_\_

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = zero ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: none

\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☒ NO

### Other Proposed Farm Uses

Describe all proposed uses: none

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Other Use



Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Exit 70 from I-90, west on Sparks Road for 1/3 miles, right on Kachess Dam Road (a.k.a.FS 4818), 4 miles on FS 4818, 240 Kachess Lane 98925

Site Address: 240 Kachess Lane, Easton WA 98925

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Brian E. Murphy  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

12-5-11  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE	<input type="checkbox"/> Southwest Regional Office PO Box 47775